

**ELIGIBILITY CRITERIA for Medical Home Initiatives**

CT PAYER	Eligible Clinicians						Eligible Practices/Organizations								EHR Required?		Other Requirements?
	Primary Care MD/DO	APRN	PA	Chiropractor	OB-Gyn	Med Specialist (add type)	Internal Medicine	Family Medicine	Pediatric	Geriatric	Medical Specialty Practice (add type)	School-based Health Centers	Free Clinics	FQHCs	YES	NO	Add text
Medicaid	x	x	x				x	x	x	x		X*		x		x	Provider has > 60% clinical time; FQHCs not eligible for payment incentives *Only school based health centers with FQHCs as parent entity (or hospital/physician office sponsored) in the PCMH program, also not eligible for payment incentives
Commercial 1	x	x	x	x	x	x	x	x	x	x	x	x		x		x	Work with provider organizations to incent adoption of programs. All practitioners have the opportunity to participate in value-based incentive programs.
Commercial 2	x	X (When part of a Primary Care group)	X (When part of a Primary Care group)			X (When dual-boarded and attributed as a PCP - generally in a participating PCP/Multi-specialty group)	x	x	x	X (When board certified in IM or FP and attributed as a PCP)	X (When providers are dual-boarded and attributed as PCPs - generally in a PCP/Multi-specialty group)	May be eligible if there are enough members		May be eligible if there are enough members	**	X **But it would be very difficult to fulfill the incentive program requirements without an EHR	<b>Program Overview:</b> For those eligible providers who have a minimum number of ConnectiCare members, we provide incentives to improve the quality and efficiency of care as well as to develop care coordination practices.

**National Programs**

NCQA - 2014	x	x					x	x	x	x	x*	x	x	x		x	Specialty practices are eligible only if they demonstrate 75% of their patients are provided with whole person care. They should serve as the center of care and patients must be able to select a personal clinician.
CMMI-Comprehensive Primary Care Initiative	x	x	x				x	x		x					x		Must have at least 150 medicare beneficiaries; predominately bill within in the defined primary care codes; Comprised of 31 payers

**Default Positions:**

- 1) Align with NCQA criteria reduce confusion and burden
- 2) Designation does not have implications for attribution.

**PROPOSED CT AMH ELIGIBILITY CRITERIA**

1. Eligible practices include internal medicine, family medicine, pediatrics, geriatrics, medical specialty practices, and FQHCs.
2. Eligible practitioners include physicians (MDs and DOs), and APRNs.
3. Medical specialists (ex.Ob-Gyns, Cardiologists, Endocrinologists) are eligible only if they demonstrate 75% of their patients are provided with whole person care. (NOTE: NCQA uses 75%, should CT AMH be lower?)
4. EHRs are required.
5. Not currently recognized as existing medical home including NCQA 2011 or 2014
6. Commitment to apply for NCQA 2014 medical home recognition
7. Commitment to participate in the Learning Collaborative

**OTHER DETERMINANTS for DISCUSSION**

**1. PRACTICES: School-based clinics? Free clinics? Hospital outpatient clinics?**

SBHCs - propose alignment with medicaid plan: eligible if parent entity is hospital or physician group in program

Free clinic - not eligible because use of SIM federal funds and free-clinics are outside the bounds of the cooperative agreement. Potential for outside funding.

Hospital Outpatient Clinics - propose to allow outpatient clinics because this is an area where our advanced networks may not be as advanced.

**2. PROVIDERS: Medical residents? Community preceptors?**

Align with Medicaid plan